





U.S. Department of Transportation

Federal Highway Administration

NOTE: Information provide	led, including name and address, will be pu	ıblished and is subject to disclosure under the	e Freedom o	of Information Act."	,	Federal Highway Administration
		Notification & Dem				
Contact	Information	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Organization (if applicable)	Address 123 Botney Nay City/Zip Colondon 29212 Phone Email jessica. Letter Ordot. 95	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  DOCCLOS TO BEY  Organization (if applicable)	Address 133 BLACK CREEK LY  City/Zip (RAP, SC 29067  Phone 803-466-5950  Email Jobsey 3549@grack.zon	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  John Collum  Organization (if applicable)	Address 113 Scarlet Oak Way City/Zip Lexington Z907a Phone 803 960 3633 Email J Collumaint, com	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Mihir Catel  Organization (if applicable)	Address 1901 Rockland Rol  City/Zip Columbia, GC 29072  Phone 300  Email 9 n @ Columbia steep inn.	□ Email □ Newspaper Ad □ Social Media □ Radio □ TV □ Poster/Flier □ Letter □ Postcard □ Website □ Other Class				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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		Notification & Demo				
Contact Ir	iformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Parels of Viera V Actual Organization (if applicable)	Address 1129 Blewalls City/Zip Columbia Phone 799-3826 Email Fill 584676 Walsaul	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Laure Davis Organization (if applicable)	Address 272 Trampell City/Zip Co Co 292/8 Phone \$3-33/-4926 Email azur Weatherson	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Ves, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Mitchell Meth	Address 110 E Reazer Rd.  City/Zip Temo, SC 29063  Phone  Email MMeHs 2086. Tr. Com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name That Bates your organization (if applicable)	Address Tromes 79063 City/Zip Phone \$3-920-8053 Email The Bates	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provided	, including name and address, will be put	plished and is subject to disclosure under the	Freedom	of Information Act.	For Office Use Only:	# <del>98</del> _of#

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		Notification & Demo	ptional)			
Contact II	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name  Judy Hamilla  Organization (if applicable)	Address 109 Holbran Cet City/Zip Cole, 5 C 29210 Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Rocu Riley Organization (if applicable)	Address 109 Holborn Crt Cola, SC 29210 City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Eugene Bolick Organization (if applicable)	1772 Shadow brooks of Address  City/Zip (0/2-27210)  Phone \$03-750-6712  Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Lebra Dosfer  Organization (if applicable)	Address 80 Bradstone City/Zip Trm029063 Phone Email TmpV40A0C	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
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		Notification & Demo				
Contact II	nformation	How were you notified about the public hearing?  Gender Age Range		Age Range	Race/Ethnicity	Photo Release
Name May Moundyle Organization (if applicable) Abbent Village Apartments	Address 1000 Applemy City/Zip VIIIage und Phone Sc 29169 Email MMMACKINGACONHAMATE	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  DAVID  RUSSELL  Organization (if applicable)	Address 952 Howson Horthett Plud City/Zip Chas. SC 2946 Phone 803 7650070 Email drussdle jnt.com	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Brian Ford Organization (if applicable)	Address 2760 Dictahmans Branch Court City/Zip Irmo, sc 29063-8893 Phone 803 732 094 Email Ford 276 Yahoo. Con	Letter Postcard Website				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Donaldo Organization (if applicable)  NOTE: Information provided	Address 1605 Fashaven Drive City/Zip Columbia, SC 34210 Phone (803) 348-4789 Email atonya Ol donaldson@	Email				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.





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		Notification & Demo				
Contact Ir	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name  Karen L Scott  Organization (if applicable)	Address 1633 St. Michaels Rd City/Zip Colembra SC 2920 Phone 803-731-9330 Email & stays ve Oyahos con	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Nicole F. Jennings Organization (if applicable) Executive Budget office Gry McMasters Office DOT Statler	Address 1205 Pendleton Street City/Zip Cola, SC. Phone (802)734-1732 Email Nenning@bwdgt.sc.gov	TV Poster/Flier Letter				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Alden Ellis Organization (if applicable) New Spring Church	Address 657 Boundare Rd  City/Zip Columbia, SC 29210  Phone 803-605-5168  Email alden ellis Oneugozae	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☑ Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Billtown Gray  Organization (if applicable)	Address 128 King George Wry City/Zip Columbia 29210 Phone 803 773581) Email Managray Cach. com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
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	Notification & Demographic Information (C

Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Red Robell: Organization (if applicable) Zachy Constach	Address 11200 Grantes  City/Zip Charlotte, ne Phone  Email Robell & Zadycap. Gran	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name FRANKLIN R. DUBOSE  Organization (if applicable)	7262 SUNVIEW DR Address City/Zip Columbin SC 29209 Phone 803 776 3262 Email dubosefse bellsoutheret	✓ Email   Newspaper Ad   Social Media   Radio   TV   Poster/Flier   Letter   Postcard   Website   Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Lyslich Taylor  Organization (if applicable)  Lower Saluda Greenway  District	Address 1314 Quarl Valley W.  City/Zip Columbia, SC 29212  Phone 803-513-7655  Email lizbtaylor 55 @ g mail.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Bith Di Riddle  Organization (if applicable)  Michael J Mungo  Foundation	Address 44   Western Lame City/Zip   VMO, SC 29063 Phone 749-9000 X 1003 Email Mymfoundatan Emulgor	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				PYes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  □ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provided	d, including name and address, will be pub	blished and is subject to disclosure under the	e Freedom o	of Information Act.	For Office Use Only:	#_ <u>102</u> of #

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Federal Highway Administration

		Notification & Demo				
Contact Ir	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Juanita Farmer  Organization (if applicable)	Address 168 Chartwell Rd  City/Zip Columbia SC 29210  Phone 803-606 4196  Email J farmer abrookland	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take hotographs/video of me and to use the photographs for the sole urpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or lients. This may include, but is not limited to, printed and published naterials on the SCDOT AND ITS CONSULTANTS or program vebsite.  No, I do not grant SCDOT and its consultants permission to take hotographs/video of me.
Name Unvisting Galardi Organization (if applicable) Bike & Pedestrian Advisory Committee	Address ISI8 Friend St City/Zip Newherry, SC Phone 803-530-2296 Email (GALAR DICOALUMN	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take hotographs/video of me and to use the photographs for the sole urpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or lients. This may include, but is not limited to, printed and published naterials on the SCDOT AND ITS CONSULTANTS or program rebsite.  No, I do not grant SCDOT and its consultants permission to take hotographs/video of me.
Branda Rogers	Address 255 Marabon Cir City/Zip 19169 Phone 803 318-4460 Email Dwrogers & ATINET	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take hotographs/video of me and to use the photographs for the sole urpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or lients. This may include, but is not limited to, printed and published naterials on the SCDOT AND ITS CONSULTANTS or program rebsite.  No, I do not grant SCDOT and its consultants permission to take hotographs/video of me.
	Address 208 Aristides Dr City/Zip Irmo, 5. (29663 Phone 863-732-2302 Email Celfertocol. Con	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other	Figure	6 lu 6 maretina A		Yes, I hereby grant SCDOT and its consultants permission to take hotographs/video of me and to use the photographs for the sole urpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or lients. This may include, but is not limited to, printed and published naterials on the SCDOT AND ITS CONSULTANTS or program rebsite.  No, I do not grant SCDOT and its consultants permission to take hotographs/video of me.







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		Notification & Dem				
Contact I	nformation	How were you notified about the public hearing?		Age Range	Race/Ethnicity	Photo Release
Name  MRC'LAP Surrell  Organization (if applicable)	108 FTIP BRIDE RA Address City/Zip ChapTN SC Phone Email milice Solvells Colombia	Email   Newspaper Ad   Social Media   Radio   TV   Poster/Flier   Letter   Postcard   Website   Other				Pres, Thereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Cras Worlse TT Organization (if applicable) Colduct Galan	Address City/Zip Phone Email	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name GREGORY SPROYSE  Organization (if applicable)  CENTRAL Middauds COG	Address 236 Straves. De Or City/Zip Ca la 129210 Phone 803 744 5188 Email gsprave@cmcco.org	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Ben Mouldin Organization (if applicable) Central Midbuds Cove	Address 236 Stoneridge Dr. City/Zip Cala, 29210 Phone 803 - 744 - 5138 Email Drawlein @ Concog. 009	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Sostcard Website Other				photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact l	nformation		3	Information (O	paromany	
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Stephen Roberts Organization (if applicable)  Name Jan Gilliam Organization (if applicable) 27210	Address  City/Zip Takend, NC  Phone  Email Souberts e anteniner  302 Willow Winds DV  Address  City/Zip Cola, 5029216  Phone	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other  Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.  Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take
Name Ton Weeks	Email	☐ Other Colored Description   ☐ Email   ☐ Newspaper Ad				photographs/video of me.  Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole
Organization (if applicable)	Address 38 Beaconthill Rd.  City/Zip (0   a. 5.0.29210  Phone 803-748-4289  Email	☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Sucveyda Donnels  Organization (if applicable)	Address 90 & Rollington 2 N.  City/Zip Cola. 50 29210  Phone 803 772-4758  Email Mandadanul @ Attinut	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.







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		Notification & Demo	ographic	Information (O	ptional)	Photo Pologo
Contact Ir	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Paulette Ledbetter Organization (if applicable)	Address 1717 Luster Lane City/Zip Columbia, SC 29210 Phone 803)414-0804 Email misspled@attinet	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Steve Name X Organization (if applicable)	Address 19 Horn berg Ct City/Zip Frmo, SC Phone 803) 732-0736 Email Manney 5@yahoo.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Micaneer  Name Micaneer  Name Organization (if applicable)	Address 19 LANDMARK DR  City/Zip  Columbia  Phone  803-798-8574  Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Mike Dodds  Organization (if applicable)	Address 500 Laward Dir. City/Zip Columbia 29210 Phone 803 960-8783 Email mdodds@irt.com	I I Radio		of Information Act		Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.







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		Notification & Demo	ographic	Information (	Optional)	
Contact Ir	iformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Brian Taylon Organization (if applicable)	Address 202 Timbergate Dr., City/Zip Lexythe, SC., Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Buce D. Holmes  Organization (if applicable)	Address 101 wood sprage City/Zip Irmo 29063 Phone (803) 479-9915 Email Email Evaluation by Cell 61 e amail	Email Newspaper Ad Social Media Radio TV Poster/Flier better Postcard Website				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Tason Landus Organization (if applicable)	Address 201 Brookshire Dr. City/ZipColumbia Phone 803-730- Email					Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
	Address 726 Fairway Lene City/Zip Columbia Sc 29210 Phone 803 7120145 Email daisyiner@hotmane.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other	o Frondom (	of Information Act		Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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NOTE: Information provide	d, including name and address, will be pu	blished and is subject to disclosure under the	e Freedom o	of Information Act.		Federal Highway Administration
		Notification & Demo	ographic	Information (O	ptional)	Photo Pologge
Contact I	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Katherine Weeks Organization (if applicable)	Address 38 Beacon Hill Rd.  City/Zip Columbia 29210  Phone 803 798-4259  Email Julyweeks @ aol. com	Email  Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  JANE BRISTOW  Organization (if applicable)	Address 208 Middlesex RJ City/Zip Columbia 5 C Phone 803-772-9458 Email jbristow BSC. Ff. Com	Letter Postcard				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Maskill Can  Organization (if applicable)	Address 3(7 Newnadje pl. City/Zip Lexy Ion, Sc 29072) Phone So3 - 760-3630 Email Carroo74(7@gwarl.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Cystrol Matcheon  Organization (if applicable)	Address 116 Strawberry Ct City/Zip Chapin, SC Phone 803-622-7275 Email Cknicht chear 16	Email   Newspaper Ad   Social Media   Radio   TV   Poster/Flier   Letter   Postcard   Website   Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
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		Notification & Demo	ographic	Information (O	ptional)	
Contact Ir	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Patricia Raymond David Organization (if applicable)	Address 507 Westover Rd  City/Zip Qu/nmbia  Phone  Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  RICK KUN  Organization (if applicable)	Address 40 ( LEMMINGTON WAY  City/Zip \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Claudia Church Organization (if applicable)	Address 231 Loch Rd. City/Zip Cola, S.C. 29210 Phone 803-750-0526 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
	Address 83le Seton Rd City/Zip Columbia SC Phone 29212 Email Southerngemb Ghow	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other Collished and is subject to disclosure under the		f lufamation And	For Office Use Only	No, I do not grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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		Notification & Demo	ographic	Information (O	ptional)	
Contact I	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name El: Zabeth Westburg Organization (if applicable)	Address 218 Tram Rd.  City/Zip Columbia, SC 29210  Phone 803-331-2098  Email buestbuy@bellsotki.net	Letter				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Luci fur Iblues Organization (if applicable) USC - Student	Address USC - Studied City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Charlie MEDoffie  Organization (if applicable)  MA	Address 310 Brookgreen Dr  City/Zip Columbra SC 29210  Phone (863) 122-4032  Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)  Stander	Address 4969 Centre Point e Pr.  City/Zip  Phone  Email  Jintisher Ostantice, on	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other	Freedom	of Information Act	For Office Hee Only	☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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		Notification & Demo				
Contact II	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Joe Byrd Organization (if applicable)	Address 230 Chicopee 1k City/Zip Cola S.C., 29210 Phone 803-269-4696 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Vebsite Other				ves, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  DAN Koon  Organization (if applicable)	Address 2272 N. LAKE DR City/Zip Columbra SC Phone 803766-8492 Email OHKan 1000 yahoo, Com	TV Poster/Flier Letter Postcard Website				Pres, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  WANCY CANADAY  Organization (if applicable)	Address 960 Riveriou DR.  City/Zip West Columbia, 50, 29164  Phone 803-794-7677  Email downday entition	Email Newspaper Ad Social Media Radio TV Poster/Flier tetter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Joseph Laford  Organization (if applicable)  Unw. South Carolina	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other	Frondom	of Information Act		Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.







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		Notification & Demo	Photo Release			
Contact Information		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Filoto Release
Name Gerther of Brruge Organization (if applicable)	Address Betay, DR.  City/Zip 29210  Phone 8037728627  Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take hotographs/video of me and to use the photographs for the sole urpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or dients. This may include, but is not limited to, printed and published naterials on the SCDOT AND ITS CONSULTANTS or program vebsite.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable) J. 13 rugs Consulting	Address 224 Mariannas Ct.  City/Zip Lexangton 29072  Phone 803-351-1056  Email abrane jbrag groundtry, com	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☑ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
	Address 519 old Friars Ro City/Zip Columbia 54 292 Phone Email					☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Blake Gibbons Organization (if applicable)	Address 478 Whisperins oak Cir City/Zip Chapin Sc. 29036 Phone 803-760-9877 Email 69710@gmail.com	☐ Email ☐ Newspaper Ad ☐ Social Media				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
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		Notification & Demo				
Contact II	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name  Julie Zion  Organization (if applicable)	Address 1704 Shady Grave City/Zip Irmo Phone Email whem zion @ gmail.com	Poster/Flier Letter Postcard				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Michael M Cown Organization (if applicable)	Address (42 Cheshire Dr. City/Zip Columbia, 29200 Phone 803-727-5278 Email Mag 142 Conflock.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Larry M Church 231 Loch Rd Columbia, 5029210 Organization (if applicable)	Address 231 Locat Rd City/Zip Columbis, SC Phone 803-750-0526 Email Included belbauthor	☐ Email ☐ Newspaper Ad ➢ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Carpline Smith Organization (if applicable)  US L	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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		Notification & Dem				
Contact I	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name  ドモル ナビデルテン  Organization (if applicable)	Address 1625 nonighill City/Zip Prone 343810 7740 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  Tho, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name April Garanana Organization (if applicable)	124 King George Wain Address Columbia So City/Zip 29210 Phone 803-638-2017 Email aprilsother land aughou.	☐ Poster/Flier ☐ Letter				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Au Solizagua Organization (if applicable)	Address Z.431 Merry wood  City/Zip Columbia  Phone 731-9313  Email Lave rospah (a) 4tt.	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Marie M <sup>C</sup> Gowan  Organization (if applicable)	Address 142 Cheshire Dr City/Zip Columbia, 502210 Phone 803-917-8675 Email Marie Pracultad. com	Email Newspaper Ad Social Media Radio TV Poster/Flier				Protection of the SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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		Notification & Demo	Photo Poloso			
Contact In	formation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name  Organization (if applicable)	Address (023 Greanidge City/Zip Calumbia SC Phone 798-4536 Email Jandghenne Juno.	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  (MILLIAM R. L  MARCHAEL  PEARSON  Organization (if applicable)  MONE	Address 353 OLD WOOD DE  City/Zip COLUMBIA 5529212  Phone N/A  Email N/A	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☑ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name WALLACE R  STEWART  Organization (if applicable)	Address 905 STATLEN RD  City/Zip Columb 14, 29210  Phone 803 798-1538  Email Columb 12000 Columb 14	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Sandra G Brown Organization (if applicable)	Address Quo Piney Woods City/Zip 2920 Phone Email Blessing bla eincluding name and address will be not	Email Newspaper Ad Social Media Radio IV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
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U.S. Department of Transportation
Federal Highway Administration

Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name  Kelsey Maynew  Organization (if applicable)	Address City/Zip USC Student Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Michael Smith  Organization (if applicable)	Address USC Student City/Zip Phone Email	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☑ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☑ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name JOSS & BUVER LY MOSLUY  Organization (if applicable)	Address 712 Arrowwood  City/Zip 29210  Phone 803-741-8125  Emaily (ever bever @ Comeast.)	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Karen Swaim Organization (if applicable)	Address 220 Faison Drive City/Zip Columbia, SC 29203 Phone 803-898-1542 Email Karen. Swaim@scdmh.	☐ Email  Newspaper Ad ☐ Social Media				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Organization (if applicable)

#### **Sign-in Sheet Carolina Crossroads Public Hearing** August 23, 2018







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		Notification & Demo				
Contact Information		How were you notified about the public hearing?		Age Range	Race/Ethnicity	Photo Release
Organization (if applicable) Focus Eye Care	Address 620 Bnowning Rd City/Zip Columbia 29210 Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  James Tice  Organization (if applicable)	Address 3023 Richfield Dr.  City/Zip Cola 29201  Phone 803 779-2372  Email just-Jine Sc. C. Con	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Betsy (Elizabeth) For Dorganization (if applicable)	Address 101 Northwan Dr. City/Zip (2) Lumbia SC Phone 803-609-4980 Email betford OSC, 11,0000	Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

Address 1315 GAPNER | Radio | Newspaper Ad | Social Media | Radio | TV | Poster/Flier | Letter | Postcard | Website | Website | Other NOTE: Information provided, including name and address, will be published and is subject to disclosure under the Freedom of Information Act.

☐ Email

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photographs/video of me.

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U.S. Department of Transportation Federal Highway Administration

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Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name  Organization (if applicable)	3023 Richfield Dr Address City/Zip Columbia 29201 Phone \$03 603 0690 Email Soundman Be ad.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Pes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  RICH HAGBERG  Organization (if applicable)  PROSIDENT OF  WILLIAMS BURG WEST  HOA	Address 159 KING GEORGE WO City/Zip Courses 29210 Phone 803, 873, 3170 Email Magberge Sc. T. Com	☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Pat Murply	Address City/Zip Colombia 5  Phone 8 03-261-6531  Email					Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Organization (if applicable)	Address 70% Woodland HilbW  City/Zip Columbia, SC  Phone  803-413-2872  Email  Line Kassianos@gmail.or	Email Newspaper Ad Social Media Radio TV Poster/Flier tetter Postcard Website Other	- Free days	of Information Ast		☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Name RONALD KINNEY

Organization (if applicable)

#### Sign-in Sheet **Carolina Crossroads Public Hearing August 23, 2018**





U.S. Department of Transportation Federal Highway Administration

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Contact Information		Notification & Dem				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name  Elizabeth Wagner  Organization (if applicable)	Address City/Zip USC - Student Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name  Wayne Sams  Organization (if applicable)	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take ohotographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take ohotographs/video of me.
Name Houston Titupatrick Organization (if applicable)	PU SOX 7911  Address  City/Zip  Phone 931.0055  Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Ves, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

Address 2409 PINE LAKE

City/Zip W. COLA., SC

Phone (803) 794-7350

Email Ronald KINNEY & BELL SOJIH.

Newspaper Ad

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Social Media

Radio

TV

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Postcard

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photographs/video of me.

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website.

No, I do not grant SCDOT and its consultants permission to take







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Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name CAROLE L. TIMMERMAN Organization (if applicable)	Address 42 CAPE FLATTERY CT City/Zip / RMD 29063 Phone 823 - 749 - 3044 Email CLTIMAT @ YAttoo. COM	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Brandon E.A. Mesta Organization (if applicable)	Address 205 Cranewater Dr City/Zip Columbia 29212 Phone 803-530-3460 Email admestly & gmail. Com	Email  Newspaper Ad  Social Media  Radio  TV  Poster/Flier  Letter  Postcard  Website  Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Vicki & Marshall  Dodds  Organization (if applicable)  N/A	Address 308 Bithynia Circle City/Zip IRmo, SC 29063 Phone 803-781-4558 Email Vicidadds @ Att. NET	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Elijah + Deloris Squirewell Organization (if applicable) N/A	Address 2104 Driffwood Dr City/Zip Columbia, 50 29210 Phone (803) 198-2353 Email EDS QUIREW@aol. co.M	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.





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Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name John Green Organization (if applicable) BPAC	Address 1005 Enclave way City/Zip Columbia SC Phone 803 413-1223 Email John @ Cycle Center. a	Letter				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Rebecca Campbell Organization (if applicable) KC1	Address 3014 South cross Blvd City/Zip Rockettill, SC 29730 Phone 803.609.4671 Email rehecca. camphell@ Kci.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Vicki Smith  Organization (if applicable)	Address 600 Old Friars City/Zip Columbia, Sc Phone 803-960-5698 Email VickiAsmith@hdrail.com	TV Poster/Flier Letter Postcard Website				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Com Smirti Organization (if applicable)	Address 600 040 FAIARS RD  City/Zip 29210  Phone 803-413-6538  Email tomsmith ciagmaila	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website.  No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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